

EDITORIALS

DOING THE RIGHT THING IN THE WRONG WAY

(Read, approved, and ordered published by the Executive Committee of the C. M. A.)

Periodic medical examinations for everyone from birth to death ought to be a universal custom, *provided* that the examinations are thoroughly made by adequately educated physicians; *provided, further*, that written records of all these examinations be made and strictly limited in their placement to the physician's files, possibly with copies to patients or parents; *provided, further*, that the examination be thorough and followed up by remedial measures by the physician of the patient's choice and, *provided, further*, that due care be exercised to avoid pauperization of the well-to-do in the carrying out of this worthy work.

What should not be done is precisely what is being most extensively carried out in California now, particularly in the periodic examinations of young children. In this issue, and in former issues we review some of this work from many places. We will continue to give the news in future issues. Boards of public health, school authorities and other government agencies, as well as civic and welfare organizations, have been, and are rendering highly creditable services in conducting publicity campaigns urging people to have these examinations.

They go too far, however, when they enter the field of the practice of medicine themselves, either by conducting the examinations and making the diagnoses themselves—which is by far the most difficult work of physicians—or by employing physicians or inviting them in a way they can't afford to refuse to conduct their work in public free clinics for rich and poor alike. This is essentially a particularly vicious practical scheme of pauperization of those who can and should pay for personal service. It is an unjustifiable and repugnant use of public money, national, state and local, to employ it to attempt to place the practice of medicine upon a communistic basis.

All worthwhile physicians always have been and are now willing to do all the free and part pay service needed for any citizen of this state. They are doing all that is worthwhile now. They prefer to do this work in their offices, hospitals, legitimate medically controlled clinics, and through other medical channels. They deplore the evanescent ballyhoo clinics and other circus methods applied to this serious business of life. They realize that the stimulation aroused by ballyhoo methods in health circuses or what not is usually temporary in character, and that after the band has gone and the excitement has subsided, we find that the level of things well done is lower than it was before. They realize that one end-result of this sort of thing is detraction from the standing of medicine as a dignified science, and it also is a cause decreasing confidence in physicians as health advisors and medical practitioners.

That this is so is attested by letters from intelli-

gent mothers to our service. Some of them say that we are unjust in some of our positions. Some of them say they never realized what ignorant old fogies their family physicians were until the neat modern doctors of the board of health and schools began to treat their children free in the clinics. Some say that they now rely upon the school nurses, public health nurses, and even teachers for medical advice with more confidence than they formerly gave to their family doctors. One recent letter highly praises the satisfactory services of a nurse in telling her what to do for her children. She says that the nurse always comes promptly and does not charge anything; that she formerly often found it difficult to find her doctor and then he often came very late.

Public health departments are for the most part—and should be entirely—in the hands of educated licensed physicians, but they should limit their activities to the legitimate and important specialty of public health. They all say, and truly, that success in public health work is determined by the extent of the co-operation of doctors engaged in the practice of personal health. Such health departments as those of Illinois, Ohio, Indiana, and other states refuse to enter the field of diagnosis and treatment of individuals by conducting clinics, or otherwise; except to furnish consultants in contagious diseases. They rely upon and easily secure the full co-operation of personal health practitioners upon this basis.

School departments have no business practicing either public health medicine or personal health medicine. They are, of course, incapable of doing either. They should call upon the public health authorities to practice and teach whatever of public health is needed, and they should call upon educated licensed practitioners of personal and private health for whatever of this service is needed in the teaching, prevention, or treatment of disease. They should have and, no doubt, would get all the co-operation they need by this method.

The nursing profession is as necessary as the medical profession among the agencies devoted to the betterment of health. Nurses should not engage in the practice of medicine. Few, if any, of them do in their private capacities, but some of them employed by non-medical groups and government bureaus are practicing medicine under incompetent direction. We readily grant the claim sometimes heard that nurses are better prepared to practice medicine than chiropractors and others, some of whom are licensed to practice. We will even go further and say that if anyone except fully educated physicians is to practice medicine, nurses are by far the most eligible group to choose from. It is our opinion that most nurses love their own profession, are proud of its record and standing, and find quite enough to do within the duties pre-eminently theirs without practicing medicine for which they would not claim to be fitted except under the instructions of employers. Teachers have enough responsibilities, in all reason, when they devote their lives to the dignified, necessary, and highly respected calling of teaching. Their smattering of knowledge about health and disease does not prepare them to either teach or practice personal or public health. Those with a high school

education would make just as much of a success and one comparable in its end-results by attempting to teach the intricacies of analytics and calculus.

None of us can teach effectively what we do not know thoroughly ourselves, and "a little learning" is as dangerous today as it was when it was first written.

A member of the council, in endorsing this editorial, adds this note: "A few years ago one of these uplift organizations held a baby show. A Cretin I had had on thyroid for a year took the first prize. This child had beautiful auburn hair, was bright and appeared in fine health, by casual examination. She would attract attention anywhere, but I am sure any competent physician would have been suspicious from the general appearances alone. The parents have since become eddyites, and the child is now a fat, stunted idiot."

QUININE ON PROTEIN METABOLISM

Among the most widely used drugs as a moderately efficient antipyretic and analgesic in the treatment of colds, headaches and neuralgias is quinine. For over sixty-six years the antipyretic action of the drug has been attributed to diminished heat production due to a direct depression of nitrogenous metabolism. In fact, this depressant action of quinine has been generally quoted in text-books of physiology and pharmacology as evidence of one of the mechanisms concerned in temperature regulation, namely, that of heat production; that is, anything that lessens heat production, such as the quinine depression of metabolism, lowers the temperature. Experimentally, this action has been made use of in studies of thyroid function, anaphylaxis, etc. Curiously, the marked influence of quinine upon nitrogen metabolism is without influence on oxidation. This paradox has led to the expression that oxidation is not the only source of heat; that heat may be liberated by other changes—e. g., splitting or hydration of nitrogenous molecules, in the course of which the nitrogen is converted to urea; and that it is these changes which are hindered by quinine. Now, however, we are assured by Hardikar of the Department of Pharmacology at the University of Edinburgh that the widely held conception of quinine as a metabolic depressant is all wrong.

From an extensive critical review of practically all the previous experimental and clinical work on the subject, Hardikar found that not a single one of the investigations contains acceptable evidence which would conclusively establish the depressant action of quinine on metabolism. Not satisfied with the results in the literature, he also made carefully controlled experiments on animals and human subjects over long periods, observing changes in the urinary excretion of total nitrogen, ammonia and creatinine by modern methods of chemical analysis. Experiments were also made with quinine in febrile and thyroid-fed dogs with the idea of determining the influence of the drug in conditions of artificially increased metabolism. The inhibitory influence on the hastened metamorphosis of thyroid-treated tadpoles was also observed. The results showed that 1.2 gm. per diem in the normal human subject, and in doses up to 50 mgm. per kilo in rabbits and dogs, had no influence upon nitrogen metabolism. Quinine hydrochloride in 1:10,000 concentration had no power to inhibit the action of thyroid on tadpoles. From these completely negative results, Hardikar

concludes that quinine has no influence on protein metabolism even in doses which may be toxic in themselves.

Although the negative results of Hardikar, as far as they go, throw considerable doubt on the metabolic action of quinine, the results in febrile human subjects might be different, for after all the most striking effects of any antipyretic, including quinine, are seen in fever. Moreover, the antipyretic action might be exerted through some other mechanism besides the metabolism. In this connection, one is reminded that the quinine group (quinine, quinidine and other cinchona alkaloids) exerts important depressing influences on the circulation. These may occur with therapeutic doses which do not demonstrably reveal changes in blood pressure, etc. Is it possible that such circulatory changes bear a more important relation to the antipyretic action of quinine than any direct influence on the metabolism? A positive answer seems reasonable from the fact that the circulatory depression of such drugs as acconite and veratrum readily explains their antipyretic action. Clinical methods should assist in settling this proposition. Meantime quinine still remains a good antipyretic, and, if Hardikar's results are confirmed, other drugs reputed to influence the metabolism will need reinvestigation in order that their actions might be better understood.

Hardikar, S. W.: Journ. Pharm. Exp. Therap., 1924, 23: 395, "The Action of Quinine on Protein Metabolism, Respiratory Exchange, and Heat Function. I. Protein Metabolism."

ANOTHER HEALTH SURVEY COMBINED WITH A "DEMONSTRATION"

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Elsewhere in this issue is published at the request of the American Child Health Association some matters that invite comment.

Various national organizations and combinations of these organizations, most of which have headquarters in New York, are undertaking and pushing forward by the usual means of publicity and otherwise, a vast movement not fully appreciated, we believe, even by themselves, and certainly not by the general working agencies in the broad field of medicine scattered over our country. Influential as some of these organizations, and particularly their associated conferences, are, they are evidently feeling the sting of adverse criticism that is piling up in ever-increasing amounts against some of their activities.

Readers will notice their answer to the criticism that they are leaders in a movement toward paternalism in medicine which is published elsewhere in this issue. That apology is worth reading carefully, worth pondering. They state that "whatever be the merits of state medicine, the Commonwealth Fund is not lending its influence to anything of the sort. It has no desire to interfere with the practice of private physicians." It is difficult for serious students of things medical to accept their denial because, for one reason, several of the officials and leaders of these organizations whose names are published on the back of the letter-head have at one time or another taken